



Form #00186
Rev 8/90

South Florida Water Management District
P.O. Box 24680 • West Palm Beach, Florida 33416-4680
ATTN: WATER USE DIVISION • (561) 686-8800

Application for a State of Florida Water Well Contractor's License

INSTRUCTIONS

- I. Type or print, using black ink and mail completed application including application fee to the South Florida Water Management District. If you are an out-of-state applicant, you should apply to the water management district in which you intend to conduct business.

1. Name of person to be licensed: _____
Name as it is to appear on license
2. Name of business firm or corporation affiliation: _____
(If applicable at time of application)
3. _____
Street Address or Rural Route CITY
4. _____
County State Zip Code Area Code Phone Number
5. _____
Mailing Address if Different from above
6. () Enclosed is a check or money order for \$100 (non-refundable) for application processing fee.

- II. Make check or money order for \$100 (non-refundable) application fee payable to South Florida Water Management District. PLEASE DO NOT SEND CASH

- III. Any one of the methods described below may be used to establish the minimum two years experience required to qualify as an applicant for a water well contractor's license. In any case, provide notarized letters from three (3) persons attesting to the length of time the applicant has been working in the water well construction business.

(1) Registration, Certificate of Competency, or Certificate of Registration - Submit copies of current registration, valid certificate of competency or certificate of registration as a water well driller for the past 24 months.

(2) Other Proof Method - The District may accept other proof of the required two years experience on an individual basis. Such evidence shall be presented to the District's office and such evidence will be considered to the extent that it does not impair the intent and purpose of fulfilling this requirement.

(3) List of Wells Method - List ten wells the applicant helped to construct within the last two years. Completion dates of the ten well must be distributed over a 24 month time period, and the list must contain the information requested on the following page.

(4) FOR WATER WELLS DRILLED IN FLORIDA, A COPY OF THE COMPLETION REPORT FOR EACH WELL SHALL ACCOMPANY THE LIST.

(over)

Well owner, Address, City & State	Phone Number (Required)	Well Use	Completion Date (Approx.)	Permit No. (If Appl.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

IV. Examinations shall be given by the District as scheduled by the District.

(1) Please schedule me for an examination. I understand that the application is not complete until I have passed the required examination with a score of at least 70% correct. Examination must be passed within three consecutive testing periods.

Signature _____

Date _____

For District Use Only

Application Received

Date _____

Initials _____

List of Well Complete and Satisfactory

Date _____

Initials _____

Applicant Notified of Examination Date

Date _____

Initials _____

Applicant Failed Examination and Notified

Date _____

Initials _____

Applicant Passed Examination and Notified

Date _____

Initials _____

License Number _____ Date Issued _____